

Date: _____

Name: _____

Date of birth: _____

Phone #: home: _____

work: _____

cell: _____

I prefer to be called at: ___home ___cell

___work

Best time to call: Mornings _____

Afternoon _____

Evenings _____

Address: _____

City: _____

State: _____

Zip: _____

My baby is due: _____

Date of 1st
prenatal visit: _____

Is this your 1st pregnancy? _____

of children: _____

Marital status:

Single: _____

Married: _____

Separated: _____

Divorced: _____

Widowed: _____

I am currently living with:

___Spouse/partner ___Friends

___Relatives ___Other: _____

___Myself

In case of emergency, I can depend on
(check all that apply):

___Spouse/partner ___Friends

___Family

___Community Services (church, club, etc.)

___Other: _____

I have access to a phone:

___Yes ___No

I have access to transportation:

___Yes ___No

Please check (✓) the sentence that best
describes your education:

___I am currently a high school student

___I have not completed high school
or obtained a GED

___I am a high school graduate or I
have a GED

___I have attended some college

___I am a college graduate

___Other: _____

Please check (✓) one:

___I am currently employed.

___I am currently unemployed.

Return to:

Virginia Beach Dept. of Public Health

Community Visiting Team

4452 Corporation Lane

Virginia Beach, VA 23462



I am receiving services from:

(check (✓) all that apply)

___Military

___Medicaid

___WIC

___Food stamps

___Social Security

___Private Health Insurance

___Social Services

___Healthy Families Program

___New Parent Support Program

___Resource Mothers

___Pride in Parenting

___Childbirth/Newborn Classes

___Other: _____

___None of the above

Please check (✓) the best description of
your feelings about this pregnancy:

___I am happy about this pregnancy.

___I am happy about this pregnancy,
but I have many questions.

___I am unsure about my feelings
regarding this pregnancy.

I am interested in:

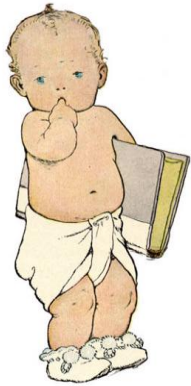
_____ ***Home visiting program***

_____ ***Telephone support program***

Your signature below gives us permission to
contact you.

Signed: _____

We can help you ...



- get prenatal care and pediatric care.
- find classes such as childbirth preparation, parenting, fitness, smoking cessation, financial planning and car seat safety.
- get safety information including infant/child CPR.
- get emotional support and information for mothers and fathers.
- find community resources such as transportation, baby supplies, support groups, child care, etc.
- improve nutritional health with counseling, WIC services, breastfeeding, etc.
- answer questions regarding your pregnancy and your baby concerns.



Virginia Beach Dept. of Public Health
Community Visiting Team
Pembroke Corporate Center III
4452 Corporation Lane
Virginia Beach, VA 23462

Phone: (757) 518-2620

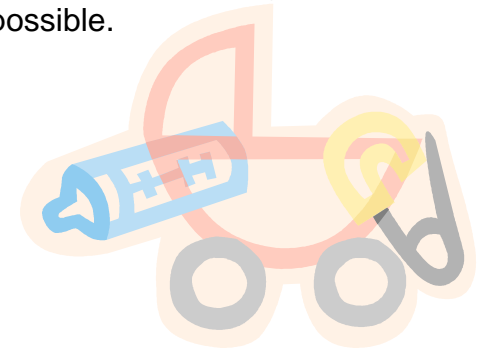
Fax: (757) 518-2643

This program is supported in part by:
City of Virginia Beach
Virginia & Virginia Beach DSS
Virginia & Virginia Beach Dept. of Public Health

(Revised: 05-13-2008)



Raising a healthy family is a team effort. Healthy Families Virginia Beach can be part of your team. We can share a wide variety of resources with you to help you and your baby get the best start possible.



Please fill out this form. A staff member will contact you to discuss programs that may be helpful to you.

All information is confidential.